Gift to Agency Report	A Public I	Document		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 201
Governor's Office				Form
Division, Department, or Regi	on (if applicable)			For Official Use Only
			ı	
Street Address				
State Capitol				
Area Code/Phone Number	E-mail		Amendment (explain	n in comment section)
(916) 445-0873	daniel.maguire@gov.ca.gov		Date of Orlginal Filing:	
Agency Contact (name and title)				(month, day, year)
Dan Maguire, Deputy Legal		<u> </u>		
2. Donor Name and Addres	5 5		O-life and a Otata Bas	to and Proceedings
☐ Individual	First Name	_ ⊠ Olher	California State Pro	Name
1215 K Street	Sacramento		CA	95814
Address	City		State	Zip Code
The CSPF is a 501(c)(3) or	ganization that promotes California	a and provide:	s support on diploma	tic and consular matters.
	business activity (if business) or its nature and it			· .
If applicable, identify the name of	of each source and the amount(s) soli	cited or receive	ed by the donor for this	gift:
See Exh. A	s See Exh. A	See Exh. A	\	s See Exh. A
Name	S OGE EXT. A	OGG EXII. /	Name	Amcuni
3. Payment Information				
•	See Exh. B	c	19,063	
Date and Amount of Payme	(month, day, year)	_	(Round to whole dollars)	
Travel Payment Information	n (Round to whole dollars) Location of	Travel Cop	enhagen, Denmark	
See Exh. B	0 _s 19,063	, 0	_e 0	s 19,063
	nsportation Expenses Lodging Expenses	Meal Expe	•	nses Total Expenses
Provide a specific descr	iption of the nature and use o	of the paym	ent for official age	ency business:
The CSPF paid for staff lodg Conference in Copenhagen	ging in connection with the Goverr Denmark.	nor's presenta	tion at the United Na	tions Climate
Identify the officials for v	whom the payment was used	:		
See Exh. B	See Exh. B	See Exh. B	G	overnor's Office
Lasi Name	First Name	-	Titlo	Department/Division
Last Name	First Namo		Tillo	Department/Division
4. Verification				
	e interests of the agency to accept this	s gift and use it	for the official agency	business described above.
S. Von	Susan Kennedy	Chief	f of Staff	12/28/2
Signature of Agency Head or Designation			Titlo	(month, day, year)
Comment: (Use this space or an	altachment for any additional information.	.)		

Exhibit A

Business & Foundation Revenue

Deposit Date:	Name	MriMrsJMs.	Contact First:	Contact Las	t: Title:	Street1	City	State	Zip	Country	Amount
11/19/2009 Univ	rersity of Phoenix	Ms.	Ayla	Dickey	Senior Vice President of Public Affairs	4025 South Riverpoint Parkway	Phoenix	AZ	85404	USA	\$50,000.00
11/17/2009 The	Orso Group	Mr.	Sergio	Amoroso	Chairman	Alameda Mamores 989 25th floor	Sao Paulo	SP	06454-040	Brazil	\$10,000.00
Tatal:											******
Total:			4								60,000,00
In Kind Services											
				•							
Tetal:										•	0.00

Exhibit B

United Nations Climate Conference

Date Traveled:	Date Rold: Flist Nor	io:East Nome:	Affiliation	Hotel:
12/7-12/16/09	12/08/2009 Clark	Blanchard	Advance Dir.	4,426.00
12/7-12/16/09	12/08/2009 Trevor	Hammond	Advance Rep.	4,426.00
12/7-12/16/09	12/08/2009 Aaron	McLear	Press Secretary	4,426.00
12/14-12/16/09	12/08/2009 Peter	Grigsby	Official Videographer	3,520.00
12/09-12/13/09	12/02/2009 Will	Fox	Dep. Chief of Staff	2,265.00
				19.063.00